Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

K35A0824

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |   |   |              |              |                                 |                  |       | SMALL ENTITY TYPE |                        |            | OTHER THAN OR SMALL ENTITY |                        |
|---|---|---|--------------|--------------|---------------------------------|------------------|-------|-------------------|------------------------|------------|----------------------------|------------------------|
| TOTAL CLAIMS  |   |   | 36           |              |                                 |                  | ſ     | RATE              | FEE                    | [          | RATE                       | FEE                    |
| FOR   |   |   | NUMBER FILED |              | NUMBE                           | ER EXTRA         |       | BASIC FEE         | 355.00                 | OR         | BASIC FEE                  | 710.00                 |
| TOTAL CHARGEABLE CLAIMS   |   |   | 36 minus 20= |              | * 16                            |                  |       | X\$ 9=            |                        | OR         | X\$18=                     | 288                    |
| INDEPENDENT CLAIMS  |   |   | minus 3 =    |              | 3                               |                  |       | X40=              |                        | OR         | X80=                       | 2410                   |
| MU  | LTIPLE DEPEN  | DENT CLAIM PI                             | RESENT       | ESENT        |                                 |                  |       | +135=             |                        | OR         | +270=                      |                        |
| * If  | the difference  | olumn 2                                   | 1            | TOTAL        |                                 | OR               | TOTAL | 1231              |                        |            |                            |                        |
| CLAIMS AS AMENDED - PART II   |   |   |              |              |                                 |                  |       |                   |                        |            | OTHER THAN                 |                        |
| (Column 1) (Column 2) (Column 3)  |   |   |              |              |                                 |                  | p.    | SMALL             |                        | OR         | SMALL                      |                        |
| AMENDMENT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVI | HEST<br>(BER<br>OUSLY<br>) FOR  | PRESENT<br>EXTRA |       | RATE              | ADDI-<br>TIONAL<br>FEE |            | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total   | *   | Minus        | **           |                                 | =                |       | X\$ 9=            |                        | OR         | X\$18=                     |                        |
|   | Independent   | *   | Minus        | ***          | T.O. 4333                       | =                |       | X40=              |                        | OR         | X80=                       |                        |
| Ĺ   | FIRST PRESE   | NTATION OF M                              | ULTIPLE DEF  | 'ENDEN       | I CLAIM                         |                  |       | +135=             |                        | OR         | +270=                      |                        |
|   |   | TO ADDIT.                                 |              |              |                                 |                  |       |                   |                        | OR         | TOTAL<br>ADDIT. FEE        |                        |
| (Column 1) (Column 2) (Column 3)  |   |   |              |              |                                 |                  |       | ADDIT. FEE (      |                        | <b>-</b> . | , .= =, <b>= =</b>         |                        |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUN<br>PREV  | HEST<br>MBER<br>IOUSLY<br>) FOR | PRESENT<br>EXTRA |       | RATE              | ADDI-<br>TIONAL<br>FEE |            | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total   | *   | Minus        | **           |                                 | =                |       | X\$ 9=            |                        | OR         | X\$18=                     |                        |
|   | Independent   | *   | Minus        | ***          |                                 | =                |       | X40=              |                        | OR         | X80=                       |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |              |                                 |                  | 1     | +135=             |                        | 1          | +270=                      |                        |
|   |   |   |              |              |                                 |                  |       | +135=<br>TOTAL    |                        | OR         | TOTAL                      |                        |
|   |   | ,   | ADDIT. FEE   |              | OR                              | ADDIT. FEE       |       |                   |                        |            |                            |                        |
|   |   | (Column 1)                                | (Column 3)   | ۱,           |                                 |                  | 1     | r                 | 1                      |            |                            |                        |
| ENT C   |   | REMAINING<br>AFTER<br>AMENDMENT           |              | NUN<br>PREV  | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA |       | RATE              | ADDI-<br>TIONAL<br>FEE |            | RATE                       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total   | *   | Minus        | **           |                                 | =                |       | X\$ 9=            |                        | OR         | X\$18=                     | <u></u>                |
| AME   | Independent   | *   | Minus ***    |              | T CL CC                         | =                |       | X40=              |                        | OR         | X80=                       |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |              |                                 |                  |       | +135=             |                        | 1          | +270=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |   |              |              |                                 |                  |       |                   |                        | OR         | TOTAL                      |                        |
| **  | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |              |              |                                 |                  |       |                   |                        |            |                            |                        |